

Fill in this information to identify the case:

Debtor Industrial Food Truck, LLC

United States Bankruptcy Court for the: EASTERN DIST. OF PENNSYLVANIA

Case number (if known) 20-13275AMC11v

☐ Check if this is an amended filing

Official Form 206E/F

Schedule E/F: Creditors Who Have Unsecured Claims

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

Part 1: List All Creditors with PRIORITY Unsecured Claims

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

- ☐ No. Go to Part 2.
- ☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or part.

If more space is needed for priority unsecured claims, fill out and attach the Additional Page of Part 1.

Total claim Priority amount

2.1 Priority creditor's name and mailing address

I.R.S.

P.O. Box 7346

Philadelphia PA 19101-7346

Date or dates debt was incurred

17-20

Last 4 digits of account number

Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a)(8)

As of the petition filing date, the claim is: Check all that apply.

- ☒ Contingent
- ☒ Unliquidated
- ☒ Disputed

Basis for the claim:

Taxes

Is the claim subject to offset?

- ☒ No
- ☐ Yes

\$6,600.00

\$6,600.00

Debtor **Industrial Food Truck, LLC**

Case number (if known) **20-13275AMC11v**

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.5</div>	Nonpriority creditor's name and mailing address Chase Ink Card PO Box 6185 Westerville OH 43086 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$25,000.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.6</div>	Nonpriority creditor's name and mailing address Cintas 4700 Jefferson Street Philadelphia PA 19131 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.7</div>	Nonpriority creditor's name and mailing address Citizens One One Citizens Way Johnston RI 02919 Date or dates debt was incurred _____ Last 4 digits of account number <u>4</u> <u>9</u> <u>4</u> <u>4</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$48,000.00
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.8</div>	Nonpriority creditor's name and mailing address COMCAST PO BOX 58203 cincinatti OH 45258 Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u>4</u> <u>9</u> <u>1</u> <u>5</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Internet Services Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,851.42

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.9</div>	Nonpriority creditor's name and mailing address <u>COMCAST</u> <u>PO BOX 37601</u> <u>philadelphia</u> <u>PA</u> <u>19101-0601</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Phone Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.10</div>	Nonpriority creditor's name and mailing address <u>Cummins Sales & sERVICE</u> <u>41-45 Doremus Ave</u> <u>Newark</u> <u>NJ</u> <u>07105</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$15,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.11</div>	Nonpriority creditor's name and mailing address <u>Diamond Tool</u> <u>2800 Grays Ferry Ave</u> <u>Philadelphia</u> <u>PA</u> <u>19146</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> 6 </u> <u> 8 </u> <u> 2 </u> <u> 1 </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$165,000.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.12</div>	Nonpriority creditor's name and mailing address <u>DMP Automation</u> <u>22 Westbury Drive</u> <u>Cherry Hill</u> <u>NJ</u> <u>08003</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,500.00</u>

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.13</div> Nonpriority creditor's name and mailing address <u>Ecolab</u> <u>1 Scott Way</u> <u>Philadelphia</u> <u>PA</u> <u>19116</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>0</u> <u>0</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.14</div> Nonpriority creditor's name and mailing address <u>Eric Groves, Esquire</u> <u>Groves & Associates</u> <u>The Atrium</u> <u>3601 N Classen Blvd</u> <u>Suite 207 Oklahoma City</u> <u>OK</u> <u>73118</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Legal fees Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>Unknown</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.15</div> Nonpriority creditor's name and mailing address <u>Filter Man</u> <u>7330 Tulip Street</u> <u>Philadelphia</u> <u>PA</u> <u>19136</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>n</u> <u>1</u> <u>0</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.16</div> Nonpriority creditor's name and mailing address <u>Flame King</u> <u>14111 S Kingsley Drive</u> <u>Gardena</u> <u>CA</u> <u>90249</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$700.00</u>

Debtor **Industrial Food Truck, LLC**

Case number (if known) **20-13275AMC11v**

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.17</div> Nonpriority creditor's name and mailing address Fran Fassberg 702 Essex Court Cinnaminson NJ 08077 Date or dates debt was incurred _____ Last 4 digits of account number _____ loans to the business to keep it operating	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MeMBER/SHAREHOLDER Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$78,000.00
--	--	--------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.18</div> Nonpriority creditor's name and mailing address Gannon Insurance 6505 Frankfort Ave Philadelphia PA 19135 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: PrEMIUMS Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$1,000.00
---	--	-------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.19</div> Nonpriority creditor's name and mailing address Gary Koppelman 111 West Norris Street Philadelphia PA 19122 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: MeMBER/Shareholder Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$60,000.00
---	--	--------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.20</div> Nonpriority creditor's name and mailing address Gas Pro 1336-46 Warfield Street Philadelphia PA 19146 Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
---	--	-----------------

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.21</div>	Nonpriority creditor's name and mailing address <u>Gold Medal Environmental</u> <u>1770 Hurfville Rd</u> <u>Sewell</u> <u>NJ</u> <u>08080</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.22</div>	Nonpriority creditor's name and mailing address <u>Grays Realty LLC</u> <u>42 West 39th Street</u> <u>New York</u> <u>NY</u> <u>10018</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>LaNDLORTD LEASE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$40,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.23</div>	Nonpriority creditor's name and mailing address <u>Guard Insurance</u> <u>PO BOX AH</u> <u>Wilkes Barre</u> <u>PA</u> <u>18703-0020</u> Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$400.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.24</div>	Nonpriority creditor's name and mailing address <u>I.R.S.</u> <u>P.O. Box 7346</u> <u>Philadelphia</u> <u>PA</u> <u>19101-7346</u> Date or dates debt was incurred <u>2016/2017</u> Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Taxes</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,040.00</u>

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.25	Nonpriority creditor's name and mailing address <u>Integrity Stainless Inc</u> <u>101 Stainless INC</u> <u>161 Devereaux Drive</u> <u>Latrobe</u> <u>PA</u> <u>15650</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u> \$15,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.26	Nonpriority creditor's name and mailing address <u>Invision Security</u> <u>1008 N Ninth Ave</u> <u>King of Prussia</u> <u>PA</u> <u>19406</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> 0 </u> <u> 4 </u> <u> 1 </u> <u> 7 </u>	As of the petition filing date, the claim is: <u> \$400.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.27	Nonpriority creditor's name and mailing address <u>IPFS</u> <u>3300 RDU Center Drive</u> <u>Morrisville</u> <u>NC</u> <u>27560</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u> \$5,000.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.28	Nonpriority creditor's name and mailing address <u>J&K Trash Removal</u> <u>Po Box 254</u> <u>Gradysville</u> <u>PA</u> <u>19039</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <u> \$500.00</u> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Services</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

3.33	Nonpriority creditor's name and mailing address <u>Legions Kitchen Supply</u> <u>8350 Hegerman Street</u> <u>Philadelphia</u> <u>PA</u> <u>19136</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$5,000.00</u>
3.34	Nonpriority creditor's name and mailing address <u>Lenora Spina</u> <u>114Belle Arbor Drive</u> <u>Cherry Hill</u> <u>NJ</u> <u>08034</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Loan</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$8,000.00</u>
3.35	Nonpriority creditor's name and mailing address <u>LVNV Funding</u> <u>PO box 10497</u> <u>Greenville</u> <u>SC</u> <u>29603-0584</u> Date or dates debt was incurred <u>2018</u> Last 4 digits of account number <u>7</u> <u>9</u> <u>5</u> <u>3</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Wex Bankj</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$569.21</u>
3.36	Nonpriority creditor's name and mailing address <u>McMaster -Carr</u> <u>200 Aurora Industrial Parkway</u> <u>Cleveland</u> <u>OH</u> <u>44101-4930</u> Date or dates debt was incurred _____ Last 4 digits of account number <u>7</u> <u>2</u> <u>0</u> <u>0</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Vendor</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$3,000.00</u>

Debtor **Industrial Food Truck, LLC**

Case number (if known) **20-13275AMC11v**

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.37</div> Nonpriority creditor's name and mailing address Metal Stock, Inc 4901 Cottman Avenue Philadelphia PA 19135 Date or dates debt was incurred _____ Last 4 digits of account number <u>6</u> <u>6</u> <u>0</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: Contract Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$2,083.84
--	--	----------------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.38</div> Nonpriority creditor's name and mailing address Mobile Mini Solutions Po Box 650882 Dallas TX 75265-0082 Date or dates debt was incurred 2020 Last 4 digits of account number <u>5</u> <u>8</u> <u>5</u> <u>1</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$2,994.67
--	--	----------------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.39</div> Nonpriority creditor's name and mailing address nandnndndn Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Accounting Service Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$0.00
---	--	------------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.40</div> Nonpriority creditor's name and mailing address National General Insurance PO BOX 3199 Winston-Salem NC 27107 Date or dates debt was incurred _____ Last 4 digits of account number _ _ _ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Vendor Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	_____ \$600.00
--	--	--------------------------

Debtor **Industrial Food Truck, LLC**

Case number (if known) **20-13275AMC11v**

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.41</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p>Nordon</p> <p>1 CABOT Boulevard East</p> <p>Langhorne PA 19047</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number _____</p> </div>	<p>As of the petition filing date, the claim is: \$59,356.00</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Vendor</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.42</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p>Portables360</p> <p>15 Brookwood Lane</p> <p>Weston CT 06883</p> <p>Date or dates debt was incurred 8/20</p> <p>Last 4 digits of account number 0 6 5 1</p> </div>	<p>As of the petition filing date, the claim is: \$875.00</p> <p><i>Check all that apply.</i></p> <p><input checked="" type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: RentAL INVOICE</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.43</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p>Savoeun Son</p> <p>506 Saint Michael Drive</p> <p>Philadelphia PA 19148</p> <p>Date or dates debt was incurred _____</p> <p>Last 4 digits of account number 1 1 8 9</p> </div>	<p>As of the petition filing date, the claim is: Unknown</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input checked="" type="checkbox"/> Unliquidated</p> <p><input checked="" type="checkbox"/> Disputed</p> <p>Basis for the claim: Contract</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>
<p>DEFAULT JUDGMENT ENTERED JULY 15, 2020</p> <p>IMPROPER SERVICE ALLEGED BY DEBTOR WHO RESERVES RIGHTS IN THE CIVIL ACTION</p>	
<div style="border: 1px solid black; padding: 2px; width: 50px; display: inline-block;">3.44</div> <div style="display: inline-block; vertical-align: top;"> <p>Nonpriority creditor's name and mailing address</p> <p>Sierra Pacific Engineering and Products</p> <p>PO Box 102056</p> <p>Pasadena CA 91189-2056</p> <p>Date or dates debt was incurred 2020</p> <p>Last 4 digits of account number 2 5 3 8</p> </div>	<p>As of the petition filing date, the claim is: \$1,015.02</p> <p><i>Check all that apply.</i></p> <p><input type="checkbox"/> Contingent</p> <p><input type="checkbox"/> Unliquidated</p> <p><input type="checkbox"/> Disputed</p> <p>Basis for the claim: Supplies/Vendor</p> <p>Is the claim subject to offset?</p> <p><input checked="" type="checkbox"/> No</p> <p><input type="checkbox"/> Yes</p>

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.45</div>	Nonpriority creditor's name and mailing address <u>TD Bank</u> <u>Attn; Jennifer Zimmerman, AVP</u> <u>6000 Atrium Way</u> <u>Mt. Laurel</u> <u>NJ</u> <u>08054</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Overdrawn account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,800.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.46</div>	Nonpriority creditor's name and mailing address <u>TD Bank</u> <u>Attn; Jennifer Zimmerman, AVP</u> <u>6000 Atrium Way</u> <u>Mt. Laurel</u> <u>NJ</u> <u>08054</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Overdrawn account</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$4,500.00</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.47</div>	Nonpriority creditor's name and mailing address <u>Termac Corporation</u> <u>7880 Tulip Street</u> <u>Philadelphia</u> <u>PA</u> <u>19186</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> </u> <u> </u> <u> </u> <u> </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: <u>Equip lease</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$1,995.21</u>
<div style="border: 1px solid black; padding: 2px; width: fit-content;">3.48</div>	Nonpriority creditor's name and mailing address <u>Thomas & Julie Pauly</u> <u>187 Maplewood ave</u> <u>Maplewood</u> <u>NJ</u> <u>07040</u> Date or dates debt was incurred _____ Last 4 digits of account number <u> 1 </u> <u> 1 </u> <u> 0 </u> <u> 0 </u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Contract</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$0.00</u>

Debtor **Industrial Food Truck, LLC**

Case number (if known) **20-13275AMC11v**

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.49</div> Nonpriority creditor's name and mailing address Valorie Sosonkin 29 Banbury Court Holland PA 18966 Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Contract/REFUND BALANCE Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$3,000.00
---	---	-------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.50</div> Nonpriority creditor's name and mailing address Vineland Syrup PO Box 1326 Vineland NJ 08362-1326 Date or dates debt was incurred _____ Last 4 digits of account number 3 7 0 0	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: ICE MACHINE VENDOR /RENTAL Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$700.00
--	--	-----------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.51</div> Nonpriority creditor's name and mailing address West Philadelphia Financial Services Ins 5200 Warren Street Philadelphia PA 19131 Date or dates debt was incurred 7/27/20 Last 4 digits of account number ____ _ matures july 24, 2023 INTERST ONLY FOR 8 MONTHS THEN \$626.73 MONTHLY THEREAFTER	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Loan Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$18,500.00
--	--	--------------------

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.52</div> Nonpriority creditor's name and mailing address WestGuard Insurance Date or dates debt was incurred _____ Last 4 digits of account number ____ _	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	\$0.00
--	---	---------------

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 2: Additional Page

Copy this page only if more space is needed. Continue numbering the lines sequentially from the previous page. If no additional NONPRIORITY creditors exist, do not fill out or submit this page.

Amount of claim

<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.53</div> Nonpriority creditor's name and mailing address <u>Williams Scotsman, Inc.</u> <u>901 S Bond Street</u> <u>Baltimore</u> <u>MD</u> <u>21231-3357</u> Date or dates debt was incurred <u>2020</u> Last 4 digits of account number <u>6</u> <u>2</u> <u>5</u> <u>9</u>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input checked="" type="checkbox"/> Contingent <input checked="" type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed Basis for the claim: <u>Rental Equipment</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$34,000.00</u>
<div style="border: 1px solid black; padding: 2px; display: inline-block;">3.54</div> Nonpriority creditor's name and mailing address <u>YCH Architect LLC</u> <u>1823 Spring Garden Street</u> <u>Philadelphia</u> <u>PA</u> <u>19130</u> Date or dates debt was incurred _____ Last 4 digits of account number _____	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed Basis for the claim: _____ Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<u>\$2,500.00</u>

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 3: List Others to Be Notified About Unsecured Claims

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<u>Brian Blatstein Esq.</u> <u>2711 Comley Road</u> <u>Philadelphia PA 19154</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	<u>e</u> <u>s</u> <u>c</u> <u>u</u>
4.2	<u>Daniel Devlin, Esquire</u> <u>1219 Spruce Street</u> <u>Philadelphia PA 19107</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Savoeun Son	<u>1</u> <u>1</u> <u>8</u> <u>9</u>
4.3	<u>Daniel Wechsler, Esquire</u> <u>Amato & Keating PC</u> <u>107 N Commerce Way</u> <u>Bethlehem PA 18017</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: MeTAL STOCK, INC	<u>6</u> <u>6</u> <u>0</u> <u>1</u>
4.4	<u>David Lee</u> <u>2 Regency Drive</u> <u>Voorhees NJ 08043</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Member/Shareholder	____ _
4.5	<u>George Conway, Trial Attorney</u> <u>US Trustee Office</u> <u>833 Chestnut Street</u> <u>5th Floor</u> <u>Philadelphia PA 19107</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Trial attorney-UST	____ _
4.6	<u>J Scott Watson, Esquire</u> <u>24 Regency Plaza</u> <u>Glen Mills PA 19342</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: JA CUNNINGHAM EQUIP	<u>4</u> <u>1</u> <u>7</u> <u>5</u>

Debtor Industrial Food Truck, LLC

Case number (if known) 20-13275AMC11v

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.7	<u>Jami Nimeroff, Chapter V Trustee</u> <u>Brown McGarry NIMEROFF</u> <u>Two Penn Center Suite 610</u> <u>Philadelphia PA 19102</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Trustee	____ _
4.8	<u>Jennifer Gertsman</u> <u>Gertsman Financial Services LLC</u> <u>127 eLY cRESCENT</u> <u>Robbinsville NJ 08691</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Accounting Service	____ _
4.9	<u>Joseph Caracappa, Esquire</u> <u>Jackson Cook Caracappa & Scott</u> <u>Newtown pavillion</u> <u>6 penns Trail suite 202</u> <u>Newtown PA 18940</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Thomas pauly	____ _
4.10	<u>Lipsky & Brandt</u> <u>1101 Market St., Suite 2820</u> <u>Philadelphia PA 19107</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _
4.11	<u>Mario Spina</u> <u>114 Belle Arbor Drive</u> <u>Cherry Hill NJ 08034</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Member/Shareholder	____ _
4.12	<u>Olympic Steel</u> 	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Notice Only	____ _
4.13	<u>Sarak Son</u> <u>30 E Logan Ave</u> <u>Glenolden PA 19036</u>	Line _____ <input checked="" type="checkbox"/> Not listed. Explain: Member/shareholdr	____ _

Debtor Industrial Food Truck, LLC Case number (if known) 20-13275AMC11v

Part 3: Additional Page for Others to Be Notified About Unsecured Claims

	Name and mailing address	On which line in Part 1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.14	<u>Steven Iliescu</u>	Line _____	____ _
	<u>538 Carson Terrace</u>	<input checked="" type="checkbox"/> Not listed. Explain:	
	_____	Member/Shareholder	

	<u>Huntingdon Valley PA 19006</u>		

Debtor Industrial Food Truck, LLC Case number (if known) 20-13275AMC11v

Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims

5. Add the amounts of priority and nonpriority unsecured claims.

Total of claim amounts

5a. Total claims from Part 1 5a. \$6,600.00

5b. Total claims from Part 2 5b. + \$644,115.43

5c. Total of Parts 1 and 2 5c. \$650,715.43
Lines 5a + 5b = 5c.